STATEMENT OF

RECEIVED

2012 NOV 13 PH 12: 30

FORM 1		OHGANI	ZAIR	JN		onte Se on AIL CENTER
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M5	
PENNSYL	VANIA	DEMOCRA	TIC E	XĘCŲŢIVĘ Į	BOARD)
ADDRESS (number a	nd street)	P. O. BOX 6	1316	2		
(Check if address is changed)		NORTH MIA	MI		FL	33261
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only or USDemocra		ecutiveBoard	ds@hot	mail.com
COMMITTEE'S WEB	PAGE ADD	RESS (URL)				
(Check if is change						
2. DATE 11	" ' 9 "	′ 2012				
3. FEC IDENTIFIC	CATION NU	MBER C				
4. IS THIS STATE	MENT 🔀	NEW (N) OF		AMENDED (A)		
I certify that I have of		DAVID EIN	_	_	is true, correc	t and complete.
Signature of Treasure	er _	D'Emstern	>		Date 11	° ′ Ö9° ′ Ž0 ` 1Ž `
NOTE: Submission of		LUS, or incomplete information.	-			the penalties of 2 U.S.C. §437g.
Office Use Only				For further Information oc Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)